
State:	VermontGMCB	Filing Company:	MVP Health Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO		
Product Name:	Agriservices Minimum Premium - Dec 2014		
Project Name/Number:	/		

Filing at a Glance

Company:	MVP Health Insurance Company
Product Name:	Agriservices Minimum Premium - Dec 2014
State:	VermontGMCB
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.002A Large Group Only - PPO
Filing Type:	GMCB Rate
Date Submitted:	07/25/2014
SERFF Tr Num:	MVPH-129640114
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	12/01/2014
Date Requested:	
Author(s):	Kristen Marsh, Matt Lombardo, Evan Steinhart, Eric Bachner
Reviewer(s):	Thomas Crompton (primary), Kelly Macnee, David Dillon, Judith Henkin, Jacqueline Lee
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

State: VermontGMCB **Filing Company:** MVP Health Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Agriservices Minimum Premium - Dec 2014
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: Group Market Size: Large
Group Market Type: Association Overall Rate Impact: 16%
Filing Status Changed: 07/25/2014
State Status Changed: Deemer Date:
Created By: Matt Lombardo Submitted By: Matt Lombardo
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains proposed claim and retention costs for the grandfathered association, Agriservices. Agriservices purchases MVP's minimum premium contract with a maximum liability of 115% of expected claims cost. The effective date of this filing is 12/1/2014.

Company and Contact

Filing Contact Information

Matt Lombardo, mlombardo@mvphealthcare.com
625 State Street 518-388-2483 [Phone]
Schenectady, NY 12305

Filing Company Information

MVP Health Insurance Company	CoCode: 11125	State of Domicile: New York
625 State Street	Group Code: 1198	Company Type: Health
Schenectady, NY 12305	Group Name:	Insurance
(518) 388-2469 ext. [Phone]	FEIN Number: 14-1827918	State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: This amount represents the standard fee associated with each GMCB rate filing. A check requested has been submitted to MVP's Accounts Payable Dept and will be sent to the GMCB in the near future.

SERFF Tracking #:	MVPH-129640114	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	MVP Health Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO		
Product Name:	Agriservices Minimum Premium - Dec 2014		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	3.600%
Effective Date of Last Rate Revision:	12/01/2013
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Insurance Company	Increase	16.000%	16.000%	\$883,292	1	\$5,529,760	31.800%	0.100%

State: VermontGMCB **Filing Company:** MVP Health Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Agriservices Minimum Premium - Dec 2014
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Insurance Company
HHS Issuer Id: 92802

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Preferred Suite HD EPO	92802VT006	92802VT00601	401
Preferred Suite HD PPO	92802VT007	92802VT00701	533
Preferred Suite PPO	92802VT005	92802VT00501	437

Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: VT HDHP COC, VT EPO/PPO COC

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 18,074
Benefit Change: Increase
Percent Change Requested: Min: 0.1 Max: 31.8 Avg: 16.0

PRIOR RATE:

Total Earned Premium: 5,529,760.00
Total Incurred Claims: 4,700,296.00
Annual \$: Min: 2,734.44 Max: 6,741.12 Avg: 3,670.50

REQUESTED RATE:

Projected Earned Premium: 6,413,052.00
Projected Incurred Claims: 5,451,094.00
Annual \$: Min: 3,533.76 Max: 6,615.72 Avg: 4,257.86

State:	VermontGMCB	Filing Company:	MVP Health Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO		
Product Name:	Agriservices Minimum Premium - Dec 2014		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo Agriservices Dec 2014.pdf Agri Services Dec 2014 Filing - SERFF.pdf Agri Services Dec 2014 Filing - SERFF.xlsm
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A - Large Group Grandfathered Filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP complies with 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - Agriservices.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Compliance Certification.PDF
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	

State:	VermontGMCB	Filing Company:	MVP Health Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO		
Product Name:	Agriservices Minimum Premium - Dec 2014		
Project Name/Number:	/		

Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A - Grandfathered Large Group Minimum Premium Filing
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:	MVPH-129640114	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	MVP Health Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO		
Product Name:	Agriservices Minimum Premium - Dec 2014		
Project Name/Number:	/		

Attachment Agri Services Dec 2014 Filing - SERFF.xlsm is not a PDF document and cannot be reproduced here.

ACTUARIAL MEMORANDUM
Agriservices Association Premium Rate Filing
Effective date 12/1/14-11/30/15

Agriservices Association is an association for farmers. Agriservices utilizes MVP's large group Minimum Premium Plan (MPP) funding arrangement to offer 5 health plan options to their member groups. The MPP funding arrangement includes individual stop-loss coverage at a pooling level of \$200,000. Agriservices is renewing their MVP contract with a December 1, 2014 effective date. Premium rates are guaranteed for 12 months.

For MPP contracts, MVP establishes the expected claim liability and the maximum expected claim liability for each plan offering as well as the fixed monthly retention and stop loss fees. The expected claim liability and the maximum expected claim liability reflect the total expected medical and pharmacy claim expense for their member groups (net stop loss claims) as well as any non-claim expenses associated with capitations, physician incentives, wellness rewards, etc. and the associated state and federal taxes and assessment due. These are illustrated in Exhibit A1.

The fixed retention and stop loss fees are billed to Agriservices monthly (i.e. the minimum premium). Actual claims and associated taxes and assessments are billed to the group monthly up to the aggregate maximum expected claim liability and monthly surplus and deficits are carried forward throughout the contract period. The maximum expected claim liability for Agriservices is 115% of the expected claim liability; this represents an increase over the prior approved filing which had a maximum claim liability equal to 110% of the expected claim liability. Agriservices membership has decreased recently and increasing the maximum claim liability will help offset the risk of volatility in future claims cost.

Fully insured premium equivalents are determined for each benefit plan. The fully insured premium equivalents are derived by adding the expected claim liability, retention fee, and stop loss fee along with Agriservices specific fees for each benefit plan. These are illustrated in Exhibit B. The premium rate changes by plan and division are illustrated in Exhibit B1. Based on May 2014 enrollment, the proposed December 2014 premium rates represent an aggregate increase of 16.0% and range between 0.1% and 31.8%; please see the table, "Final Proposed Increases by Product" on Exhibit B1 for the rate changes by coplan and division.

Development of Expected Claims, Retention, Stop Loss Fees, and Premium Rates

The experience period represents 12 months of incurred claims for 04/01/13 – 03/31/14 paid through 05/31/14 completed for IBNR. The gross required premium PMPM for the Agriservices block of business was derived using the 3Q/4Q 2014 Large Group filed experience rated formula and is illustrated in Exhibit A. The experience period incurred claims illustrated on line 3 under the section "claims information" have already been adjusted with IBNR.

The composite gross required premium is split into two components for MPP funding arrangements: the expected claim liability and the fixed monthly retention and stop loss fee. The expected claim liability includes the expected claim costs, Vermont premium tax, Vermont paid claims assessments, and Federal ACA fees. The retention fee covers the cost of general administration, bad debt service fee, and profit/risk charges. The total retention expense as a percent of gross premium is 11.75%. Removed from this retention fee is the credit assumed in the development of the gross required premium for Rx rebates. The amount of the credit is \$1.23 PMPM and is illustrated in Exhibit A, section III, line 18. The stop loss fee covers the expected cost of individual claims in excess of \$200,000 as these are excluded from the expected claim liability by plan and excluded from Agriservices' actual monthly claim liability. The stop loss fee is 2.7% of expected medical claims. This fee equals \$7.07 PMPM and is illustrated in Exhibit A, section III, line 19.

The proposed composite expected claim liability PMPM is converted into expected claim liabilities by contract type using the calculated Agriservices based premium conversion factors and compared to the current (December 2013) composite expected claim liabilities by contract type to derive the necessary change to the current expected claim

liability amounts. Based on the experience period enrollment, the aggregate required expected claim liability increase is 12.9 %.

Exhibit A1 illustrates the final December 2014 expected claim liability, maximum claim liability, retention, and stop loss fees. MVP is updating the relativities amongst the coplans being offered to calculate the expected claims PMPM for each benefit option. The re-sloped expected claims PMPM are revenue neutral and validate to the Expected Claim Liability PMPM shown in Section IV, Line 11 on Exhibit A; please see below for an illustrative example.

	Expected Claim Liability Gross PMPM	Single Conversion Factor	Expected Claim Liability Single Rate PMPM	Experience Period Member Months
VP019L	\$406.74	1.2407	\$504.64	2,779
VP017L	\$344.34	1.2407	\$427.22	1,526
VP020L	\$382.84	1.2407	\$474.99	2,173
VPHD-03L	\$244.72	1.2407	\$303.62	6,497
VEHD-02L	\$292.37	1.2407	\$362.74	5,099
Total	\$308.09	1.2407	\$382.25	18,074

MVP used the expected claim liabilities shown on Exhibit A1 to develop proposed premium rates for Agriservices on Exhibit B. MVP's proposed premium rate increases by coplan can be found on Exhibit B1 in the table, "MVP Proposed Increases by Product". Agriservices May 2014 enrollment has shifted towards benefit options with a larger benefit relativity correction which is driving the discrepancy between the expected claim liability increase shown on Exhibit A (+12.9%) and aggregate premium increase shown on Exhibit B1 (+16.0%).

To mitigate the rate increase based on MVP's proposed premium rates for Option #4, VPHD-03L, Agriservices has decided to decrease MVP's proposed premium rate for this option by 10% and increase the premium rates for Options #1-3 to come up with an aggregate increase of 16.0%. Please see the table, "Agriservices December 2014 Proposed Final Rates" on Exhibit B1 for the final proposed rates.

Agriservices has two divisions of association members: Dairyman and ASA. Prior to the 2013 rate development, the fully insured premium rates were derived separately for each group with the expected claim liability as the basis for the Dairyman premium rates and the maximum claim liability as the basis for the ASA premium rates. However, the entire population is used in developing the expected claim liability, and therefore the fully insured premium rates should be computed using the same expected claim liability for both groups. The spread between the two divisions is being removed in this filing which is driving the variation in the rate increases by division on Exhibit B1.

Actuarial Certification

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, inadequate, or unfairly discriminatory. This rate filing conforms to the applicable Standards of Practice as promulgated by the Actuarial Standards Board.



Matthew Lombardo, FSA, MAAA
Actuarial Manager, Commercial Pricing
MVP Health Plan, Inc.

07/24/2014
Date



Rate Filing Adjustment

MVP Health Insurance Company

~ Article 42 ~

Agri Services

Rates Effective

December 1, 2014 - November 30, 2015

TABLE OF CONTENTS

		<u>PAGE</u>
EXHIBIT	A Large Group Experience Rating Formula	1
EXHIBIT	A1 Product Description and Rates	2
EXHIBIT	B Derivation of Fully Insured Premium Equivalents	3
EXHIBIT	B1 Premium Rates for Member Groups of Agri Services	4

MVP Health Care - Large Group Experience Rating Formula

I. Case Information		Group Name: Agri-Services Agency LLC Group #: 400088 Marketing Rep: 9JEP - Jason PICKETT Underwriter: Tracey Romand		Date: 07/15/14 Effective Date: 12/01/14 - 11/30/15 Product Type Quoted: All	
II. Manual Pure Premium Calculation		Medical w/ Non-Pharmacy Riders		Pharmacy	
1. Manual Pure Premium	\$311.87			\$38.37	
2. Industry Factor	1.100			1.100	
3. Demographic Factor	1.216			1.216	
4. Area Factor	1.000			n/a	
5. Adjusted Manual Pure Premium	\$417.15			\$51.32	
					Total pmpm \$468.48
III. Experience Pure Premium Calculation					
Experience Period Start Date	04/01/13			04/01/13	
Experience Period End Date	03/31/14			03/31/14	
Paid Through Date	05/31/14			05/31/14	
Midpoint of Experience Period	10/01/13			10/01/13	
1a. Product Reflected in Experience					
1b. Product in the Rate Quote (Enter Product ID)					
2a. Member Months	18,074			18,074	
2b. Out-of-Area Subscribers	20			n/a	
Claims Information					
3. Date of Service Paid Claims (including net reinsurance and IBNR)	\$4,235,758			\$412,409	
4. Composite Completion Factor Adjustment	1.0000			1.0000	
5. Incurred Claims	\$4,235,758			\$412,409	
Large Claims Pooling and Trend					
6. Pooling Level (PL)	\$200,000			n/a	
7. Actual Large Claims (Excess Over PL)	\$101,962			n/a	
8. Completion Adjustment Factor	1.0000			n/a	
9. Completion Adjusted Large Claims	\$101,962			n/a	
10. Incurred Claims Less Large Claims	\$4,133,796			n/a	
11. Trend Factor to Mid Point of Projection Period	1.146	8.5%		1.081	4.8%
12. Trended Net Claims	\$4,735,875			\$445,611	
13. Trended pmpm Net Claims	\$262.03			\$24.65	
Experience Adjustments					
14. Demographic Adjustment (Carrier Replacement Only)	1.000			1.000	
15. Prior Period Adjustment, if applicable	1.000			1.000	
16. Network Efficiency Factor	1.000			1.000	
17. Benefit Adjustment	1.000			1.000	
18. Pharmacy Rebate Factor	n/a			0.950	\$1.23
19. Pooling Charge %	2.70%	\$7.07		n/a	
20. Adjusted pmpm Net Claims	\$269.10			\$23.42	
21. Covered Lives Assessment	\$0.06			n/a	
22. Indigent Care	\$0.18			n/a	
23. Experience Pure Premium	\$269.34			\$23.42	Total pmpm \$292.76
IV. Employer Specific Premium Rates		Total			
Blending the Manual Pure Premium and Experience					
1. Adjusted Manual Pure Premium	\$468.48				
2. Experience Pure Premium	\$292.76				
3. Experience Credibility Weight	100%				
4. Blended Pure Premium	\$292.76				
5. Group Risk Assessment	1.000				
6. VT Paid Claim Surcharge	0.999%				
7. Other Charges (network access, healthy dollars etc..)	\$0.04				
8. Retention	\$41.80	11.75%			
9. Taxes and Assessments	\$18.21				
10. Group Required Pure Premium	\$355.73				
11. Expected Claim Liability PMPM	\$308.09				(Required Premium less Retention less Pooling Charge plus Rx rebate credit)
V. Minimum Premium Funding					
Expected Claim Liability Development		Current Tier Ratios			
	S	D	PC	F	
1. Loading Factors	1.2407	2.5435	n/a	2.9778	
2. Proposed Composite Expected Claim Liability by Tier	\$382.25	\$783.64		\$917.45	
3. Current Composite Expected Claim Liability	\$338.69	\$694.31		\$812.85	
Comparison of Final to Current	12.9%	12.9%	n/a	12.9%	
4. Fixed Agri Services Monthly Retention Charge ((Sec IV.9 - Rx rebate) x loading factor)		See Exhibit A			
5. Stop-Loss Charge (Sec III 13 x 14 x 15 x 16 x 17 x 19 x loading factor)		See Exhibit A			

MVP Health Care VERMONT GROUP RATE QUOTE

Customer Name: Agri Services

Contract Period: 12/1/2014 - 11/30/2015

Quote Expires: 12/01/2015

Product Description and Rates:

Benefit Highlights	Option 1		Option 2		Option 3	
	VP019L - Preferred PPO		VP017L - Preferred PPO		VP020L - Preferred PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Office Visits	\$20.00	Coins/Ded	\$20.00	Coins/Ded	\$20.00	Coins/Ded
Hospital Inpatient	Coins/Ded	Coins/Ded	Coins/Ded	Coins/Ded	Coins/Ded	Coins/Ded
Annual Deductible	\$500/\$1,250	\$1,000/\$2,500	\$2,000/\$5,000	\$4000/\$10,000	\$1,000/\$2,500	\$2,000/\$5,000
Coinsurance	80%/20%	60%/40%	80%/20%	60%/40%	80%/20%	60%/40%
Out-of-Pocket Maximum	\$1,000/\$2,500	\$3,000/\$7,500	\$6,000/\$15,000	\$12,000/\$30,000	\$2,000/\$5,000	\$6,000/\$15,000
Lifetime Maximum	none	\$1,000,000	none	\$1,000,000	none	\$1,000,000
Pharmacy	\$10/\$30/\$50		\$10/\$30/\$50		\$10/\$30/\$50	
Other	Dep to 26		Dep to 26		Dep to 26	
Rates:	Expected Claims	Maximum Liability - 115% Risk Corridor	Expected Claims	Maximum Liability - 115% Risk Corridor	Expected Claims	Maximum Liability - 115% Risk Corridor
	Single	\$504.64	\$427.22	\$491.31	\$474.99	\$546.24
	Double	\$1,034.56	\$875.84	\$1,007.22	\$973.77	\$1,119.83
	Family	\$1,211.21	\$1,025.39	\$1,179.20	\$1,140.04	\$1,311.05
	Retention**	Stop-loss \$200k	Retention**	Stop-loss \$200k	Retention**	Stop-loss \$200k
	Single	\$50.33	\$50.33	\$8.78	\$50.33	\$8.78
	Double	\$103.18	\$103.18	\$17.99	\$103.18	\$17.99
	Family	\$120.80	\$120.80	\$21.07	\$120.80	\$21.07

Benefit Highlights	Option 4		Option 5	
	VPHD-03L - Preferred HD PPO *		VEHD-02L - Preferred HD EPO *	
	In Network	Out of Network	In Network	Out of Network
Office Visits	Prev Care - \$0	Coins/Ded	Prev Care - \$0	N/A
Hospital Inpatient	Coins/Ded	Coins/Ded	Coins/Ded	N/A
Annual Deductible	\$5,000/\$10,000	\$10,000/\$20,000	\$2,500/\$5,000	N/A
Coinsurance	0%	80%/20%	0%	N/A
Out-of-Pocket Maximum	\$5,000/\$10,000	\$20,000/\$40,000	\$3,500/\$7,000	N/A
Lifetime Maximum	none	\$1,000,000	none	N/A
Pharmacy	Covered in Full after Deductible - no OON		\$10/\$30/\$50	
Other	Dep to 26		Dep to 26	
Rates:	Expected Claims	Maximum Liability - 115% Risk Corridor	Expected Claims	Maximum Liability - 115% Risk Corridor
	Single	\$303.62	\$362.74	\$417.16
	Double	\$622.45	\$743.65	\$855.20
	Family	\$728.74	\$870.63	\$1,001.23
	Retention**	Stop-loss \$200k	Retention**	Stop-loss \$200k
	Single	\$50.33	\$50.33	\$8.78
	Double	\$103.18	\$103.18	\$17.99
	Family	\$120.80	\$120.80	\$21.07

Exhibit B - Derivation of Fully Insured Premium Equivalents

Calculated rates by product for 12/1/14-11/30/15 effective dates					
	VP019L	VP017L	VP020L	VPHD-03L	VEHD-02L
	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>	<u>Option 5</u>
Single Rates					
Expected Claims (exhibit A)	\$504.64	\$427.22	\$474.99	\$303.62	\$362.74
Retention (exhibit A)	\$50.33	\$50.33	\$50.33	\$50.33	\$50.33
Stop Loss (exhibit A)	\$8.78	\$8.78	\$8.78	\$8.78	\$8.78
Agri Services Accident coverage (per contract)	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Agri Services Broker load (3%)	\$17.00	\$14.68	\$16.11	\$10.97	\$12.75
Agri Services Administrative Load (8%)	<u>\$45.34</u>	<u>\$39.15</u>	<u>\$42.97</u>	<u>\$29.26</u>	<u>\$33.99</u>
Total Single Rate	\$629.09	\$543.16	\$596.18	\$405.96	\$471.58
	VP019L	VP017L	VP020L	VPHD-03L	VEHD-02L
	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>	<u>Option 5</u>
Double Rates					
Expected Claims (exhibit A)	\$1,034.56	\$875.84	\$973.77	\$622.45	\$743.65
Retention (exhibit A)	\$103.18	\$103.18	\$103.18	\$103.18	\$103.18
Stop Loss (exhibit A)	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99
Agri Services Accident coverage (per contract)	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Agri Services Broker load (3%)	\$34.76	\$30.00	\$32.94	\$22.40	\$26.03
Agri Services Administrative Load (8%)	<u>\$92.70</u>	<u>\$80.00</u>	<u>\$87.84</u>	<u>\$59.73</u>	<u>\$69.43</u>
Total Double Rate	\$1,286.19	\$1,110.02	\$1,218.72	\$828.76	\$963.29
	VP019L	VP017L	VP020L	VPHD-03L	VEHD-02L
	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>	<u>Option 5</u>
Family Rates					
Expected Claims (exhibit A)	\$1,211.21	\$1,025.39	\$1,140.04	\$728.74	\$870.63
Retention (exhibit A)	\$120.80	\$120.80	\$120.80	\$120.80	\$120.80
Stop Loss (exhibit A)	\$21.07	\$21.07	\$21.07	\$21.07	\$21.07
Agri Services Accident coverage (per contract)	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Agri Services Broker load (3%)	\$40.68	\$35.11	\$38.55	\$26.21	\$30.46
Agri Services Administrative Load (8%)	<u>\$108.49</u>	<u>\$93.62</u>	<u>\$102.79</u>	<u>\$69.89</u>	<u>\$81.24</u>
Total Family Rate	\$1,505.24	\$1,298.99	\$1,426.25	\$969.70	\$1,127.20

Exhibit B1
MVP Health Care
Premium Rates for Member Groups of Agriservices
Rates effective 12/1/13-11/30/14
Current Approved Agriservices Fully Insured Premium Rates

<u>Association Members</u>	<u>Rates</u>	Option 1 <u>VP019L</u>	Option 2 <u>VP017L</u>	Option 3 <u>VP020L</u>	Option 4 <u>VPHD-03L</u>	Option 5 <u>VEHD-02L</u>
Dairymens	Single	\$628.16	\$492.84	\$585.25	\$277.23	\$371.83
Dairymens	Double	\$1,284.19	\$1,007.56	\$1,196.48	\$566.75	\$760.17
Dairymens	Family	\$1,501.63	\$1,178.16	\$1,399.07	\$662.72	\$888.88
ASA	Single	\$683.43	\$536.22	\$636.76	\$301.62	\$404.56
ASA	Double	\$1,392.94	\$1,092.89	\$1,297.80	\$614.75	\$824.54
ASA	Family	\$1,629.44	\$1,278.44	\$1,518.15	\$719.12	\$964.54
Total Monthly Revenue Expected based on 5/14 contract counts						\$460,813

Proposed Premium Rates using Plan Specific Expected Claim Liabilities

<u>Association Members</u>	<u>Rates</u>	Option 1 <u>VP019L</u>	Option 2 <u>VP017L</u>	Option 3 <u>VP020L</u>	Option 4 <u>VPHD-03L</u>	Option 5 <u>VEHD-02L</u>
Dairymens	Single	\$629.09	\$543.16	\$596.18	\$405.96	\$471.58
Dairymens	Double	\$1,286.19	\$1,110.02	\$1,218.72	\$828.76	\$963.29
Dairymens	Family	\$1,505.24	\$1,298.99	\$1,426.25	\$969.70	\$1,127.20
ASA	Single	\$629.09	\$543.16	\$596.18	\$405.96	\$471.58
ASA	Double	\$1,286.19	\$1,110.02	\$1,218.72	\$828.76	\$963.29
ASA	Family	\$1,505.24	\$1,298.99	\$1,426.25	\$969.70	\$1,127.20
Total Monthly Revenue Expected based on 5/14 contract counts						\$534,421

MVP Proposed Increases by Product

Dairymens	Single	0.1%	10.2%	1.9%	46.4%	26.8%
Dairymens	Double	0.2%	10.2%	1.9%	46.2%	26.7%
Dairymens	Family	0.2%	10.3%	1.9%	46.3%	26.8%
ASA	Single	-8.0%	1.3%	-6.4%	34.6%	16.6%
ASA	Double	-7.7%	1.6%	-6.1%	34.8%	16.8%
ASA	Family	-7.6%	1.6%	-6.1%	34.8%	16.9%
Average By Plan		-2.3%	7.3%	-3.3%	39.7%	19.2%
Composite Required Revenue Change		16.0%				

Agriservices December 2014 Proposed Final Rates

<u>Association Members</u>	<u>Rates</u>	Option 1 <u>VP019L</u>	Option 2 <u>VP017L</u>	Option 3 <u>VP020L</u>	Option 4 <u>VPHD-03L</u>	Option 5 <u>VEHD-02L</u>
Dairymens	Single	\$684.00	\$590.57	\$648.22	\$365.36	\$471.58
Dairymens	Double	\$1,398.46	\$1,206.91	\$1,325.09	\$745.88	\$963.29
Dairymens	Family	\$1,636.63	\$1,412.37	\$1,550.74	\$872.73	\$1,127.20
ASA	Single	\$684.00	\$590.57	\$648.22	\$365.36	\$471.58
ASA	Double	\$1,398.46	\$1,206.91	\$1,325.09	\$745.88	\$963.29
ASA	Family	\$1,636.63	\$1,412.37	\$1,550.74	\$872.73	\$1,127.20
Total Monthly Revenue Expected based on 5/14 contract counts						\$534,421
						16.0%

Final Proposed Increases by Product

Dairymens	Single	8.9%	19.8%	10.8%	31.8%	26.8%
Dairymens	Double	8.9%	19.8%	10.7%	31.6%	26.7%
Dairymens	Family	9.0%	19.9%	10.8%	31.7%	26.8%
ASA	Single	0.1%	10.1%	1.8%	21.1%	16.6%
ASA	Double	0.4%	10.4%	2.1%	21.3%	16.8%
ASA	Family	0.4%	10.5%	2.1%	21.4%	16.9%
Average By Plan		6.2%	16.7%	5.2%	25.8%	19.2%
Composite Required Revenue Change		16.0%				

		P2000ACO	P2000ACQ	P2000ACP	P000414	E001847
Contract Counts as of 5/14		<u>VP019L</u>	<u>VP017L</u>	<u>VP020L</u>	<u>VPHD-03L</u>	<u>VEHD-02L</u>
Dairymens	Single	57	28	16	70	43
	Double	6	3	5	22	5
	Family	15	9	4	37	9
ASA	Single	26	5	27	113	116
	Double	3	8	7	26	24
	Family	6	7	9	30	33
Total Dairymens		78	40	25	129	57
Total ASA		35	20	43	169	173
Grand Total		113	60	68	298	230



Consumer Disclosure about Proposed Health Insurance Rate Increase December 2014 Agriservices Rate Filing

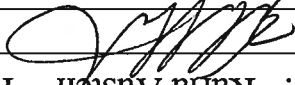
MVP Health Insurance Co. is a health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. This rate filing seeks approval of Agriservice's minimum premium rates for effective dates of coverage beginning between December 1, 2014 and November 30, 2015.

The premium rates filed for approval reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates for the current quarter may be higher or lower than the previously filed premium rates. However, premium rates generally increase over time. Increases in premium rates are driven by many factors including increases in use of medical services by the insured population, increases in hospital and physician required charges for medical care, expanded covered services due to government mandates, fees and assessments charged by the government to insurers, and the exit of healthier individuals from the insurance market place as the cost of insurance increases.

The premium rates included in this rate filing reflect an average increase of 16.0% over the prior rates with increases ranging from 0.1% to 31.8%. 1,371 members will be impacted by this rate filing.

The proposed premium rates for this filing are subject to a public comment period which begins on the day the GMCB posts this filing to its website and concludes after 15 days.

Certification of Compliance I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.	
Print Name: Karla Austen	Title: Executive Vice President & Interim CFO
Signature: 	
Date: 7/25/14	